

10/585412

AP20 Rec'd PCT/PTO 07 JUL 2006

- a. ☒ A Credit Card Payment Form authorizing the amount of \$ 1040.00 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 06-1358 in the amount of \$ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge my account any additional fees set forth in §1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. 06-1358. A duplicate copy of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:

JACOBSON HOLMAN PLLC
400 7th Street, N.W., Suite 600
Washington, DC 20004
202-638-6666

CUSTOMER NUMBER: 00136

By J. Holman 22769
for Jonathan L. Scherer
Reg. No. 29,851

JH 01/06